

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS61AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2010
NAME OF PROVIDER OR SUPPLIER MAYHILL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3855 MAYHILL LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/28/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. There were no complaints investigated. The following deficiencies were identified:	Y 000		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: This rule is not met as evidenced by: Based upon observations, the facility failed to ensure the premises were kept free from hazards	Y 175		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 175	Continued From page 1 that impeded the free movement within the facility. Findings include: The facility's hand rails (2) located in the hallway, were loose and unstable. The use of the handrails created a potential fall risk for residents that may utilize them for support while walking. Severity: 2 Scope: 3	Y 175		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 1/28/10, the facility did not ensure smoke detectors were tested monthly and accurately documented. Findings include: The facility had documentation that monthly smoke detectors were completed at the facility by Employees #2 and #3. During the survey process Employees #2 and #3 were unable to demonstrate the ability or knowledge to perform an accurate test of the smoke detectors. Severity: 2 Scope: 3	Y 444		
Y 991 SS=I	449.2756(1)(b) Alzheimer's Fac door alarm	Y 991		

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Y 991	<p>Continued From page 2</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 1/28/10, the facility failed to ensure that 3 of 5 exit doors had operational alarms which were activated when the exit door was opened.</p> <p>The front entrance door, the door off of the living room and the door leading to the north side of the facility had alarms that were turned to the "off" position.</p> <p>Severity: 3 Scope: 3</p>	Y 991		

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